

neuroma. Bandaging relieved this sufferer. At times, amputation is needed for relief, when the tumor is very large and painful. And truly singular is it, that, while preparing this paper, an arm has been amputated for an immense neuroma of the median nerve.

Opinions vary as to the real nature of these tumors. Microscopically, they seem harmless in their cell-formation. The nerve above and below is at times healthy; at others, it is very much enlarged. At times the fibres can be traced in the tumor; at others they are soon lost in it. The arm removed by Dr. Bigelow, last week, showed the nerve cut off, apparently, from entering the main mass, by a knob like that which occurs at the extremity of amputated nerves. This knob rested, and was apparently imbedded, in the neuroma, though easily separated.

In conclusion, I cannot forbear giving a brief account of the two cases reported by Dr. Smith, and which make up the body of his magnificent work. Both cases were seen in 1843, at the House of Industry, in Dublin. The patients were males. The first was remarkable, before death, for three large tumors. He died after many years, but never had any great suffering. At the autopsy, the left sciatic had one mass, fifteen inches by eighteen. Eight hundred tumors were found distributed throughout the nervous system. They were of a fibro-cellular structure.

The second patient, aged 32, scarcely noticed his tumors during life, and they were found almost everywhere. Even the infra-orbital nerve was like a whip-cord. The pneumo-gastric was studded with the same. Over two thousand were found in the body! It is a curious circumstance that in both instances the right extremities and side of the body had many more than the left ones. Combined together, they present the following proportion, as 900 is to 590.

The members will perceive that I have not undertaken, in this paper, to give a full account of neuroma, but simply to detail my case, and to make it more instructive and bring it into view in connection with two of the most remarkable cases of a similar nature that have ever been recorded.

POLYPUS UTERI.

[Communicated for the Boston Medical and Surgical Journal.]

JUNE 18th, 1857, I was called to see Mrs. R., a widow, aged 48, the mother of several children. I found her in bed, her extremities cold, the countenance pale and anæmic, pulse small and very frequent. The room was filled with an intolerable stench. Her friends supposed her to be in a dying condition. On inquiry, I learned that for four or five years she had suffered very much from profuse uterine hæmorrhage, and from a sensation of weight and

pressure in the pelvic region. From having been very robust and fleshy, she had become very thin and feeble, being obliged to keep the bed most of the time. Her feet, also, were much swollen, and during the last two weeks she had had a copious and offensive discharge from the vagina. I gave her stimulants, and ordered vaginal injections of a solution of a scruple of chloride of zinc in half a pint of water.

19th.—Found her low, yet more comfortable than yesterday. On examination *per vaginam*, I discovered a large, semi-putrid mass, of the size of the fist, which I removed by forceps. It proved to be the remains of a pedunculated tumor. In a few days the foetid discharge ceased, and by means of a generous diet, wine and iron, she rapidly recovered.

Nov. 10th, she had a slight uterine hæmorrhage, for the first time since the removal of the tumor. On examining *per vaginam*, I found a fibrous polypus, of nearly the size of the other, attached by a pedicle to the os uteri. I advised its removal, but was desired to postpone the operation for the present.

Jan. 1st.—I was summoned in haste to visit Mrs. R., whom I found in great distress from retention of urine. The polypus was pressing on the perinæum, and distending the vulva. The bladder was relieved by the catheter. By making traction on the tumor, the greater part of it was brought down through the vulva, and the pedicle secured by a ligature and divided by a curved bistoury. It was oblong in form, of a dense fibrous structure, $6\frac{1}{2}$ inches in its long, and $3\frac{1}{2}$ in its short diameter, and weighed two pounds. The patient is now (Jan. 19th) in better health than she has been for the last four or five years.

IRA RUSSELL, M.D.

Natick, January 19th, 1858.

CASE OF HYSTERIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—The following is at your disposal.

Catherine, aged 15, always strong and healthy, went to her work in a woollen mill on the morning of Dec. 28th, 1857, feeling well. About 10, A.M., she was somewhat chilly, and at 11 began to experience a bad feeling in her throat. In a few moments she was unable to speak; very soon she was troubled to hear, and at 3, P.M., was not able to hear at all. I saw her at 7, in the evening. She was in bed, with moist skin, natural tongue, throat slightly inflamed, pulse soft, beating 125 per minute. She was not able to speak, and could not hear, though I spoke very loud, with my mouth near her head. I questioned her in writing respecting her feelings, to which she replied that she felt perfectly well, with the exception of a bad feeling in her throat and knees; but the